MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO. APPLICANT(8)

FILING DATE

	AS F	ILED	AFT 1st AME	TER NDMENT	AF	TER NOMENT
	IND.	DEP.	IND.	DEP.	IND.	DEP.
	1					
2 8	 		 			
_		`1	ļ			
<u>4</u> 5	 					
6	 					
7	 	_ ;				
8						
9						
10		1				
1	ļ	1_				
2						
3						
Ļ						
<u> </u>						
7						
8						
9						
<u> </u>						
1						
2						
3						
4 5						
В						
7						
8						
9						
						,
						•
3					7-71	
Ц]	
	-			∤		
-						
┪						
	+					
4				\Box		
-						
+						
-	-+					
()	7					
	لِلِ	4	لــــــــــــــــــــــــــــــــــــــ	_		
- 1	10 <		<			
AL	- (1	• 1	\$	777	3	無人服